PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/009.062 TRANSMITTAL Filing Date June 9, 2000 **FORM** First Named Inventor Viney Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number NEU-00120.P.1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓| Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) 1. Revocation of Piror Powers and Appointment of Power of Attorney; 2. Copy of cover page of court order granting Trustee's Motion to sell assets; Reply to Missing Parts/ Incomplete Application 3. Identification of Patent Application in Order; and Reply to Missing Parts 4. Postcard under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name David R Preston & Associates Signature Printed name David R Preston Date Reg. No. 38,710 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Raymond Wagenknecht Typed or printed name

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PTO/SB/17 (12-04v2)

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· ·	Consolidated Appropriati			Application Number	10/009,06	2		
FEE	TRANS	IVIIIIA		Filing Date	June 9, 20	000		
	For FY 20	05		First Named Inventor	Viney			
			<u>[</u>	Examiner Name				
✓ Applicant claim	s small entity status.	See 37 CFR 1.27		Art Unit				
TOTAL AMOUNT O	F PAYMENT (\$)	0.00		Attorney Docket No.	NEU-0012	20.P.1		
METHOD OF PAY	MENT (check all t	hat apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R Preston								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	e fee(s) indicated bel			·			ot for the filing fee	
Charge any additional fee(s) or underpayments of fee(s)								
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information and autho	rization on PTO-2038.	one paone. Oreak	-					
FEE CALCULATI	ON							
1. BASIC FILING,	SEARCH, AND E							
	FILING F	EES nall Entity	SEAR	CH FEES EXA Small Entity	MINATION Small			
Application Typ		Fee (\$)	Fee (\$)		e (\$) <u>Fee</u>		Fees Paid (\$)	
Utility	300	150	500	250 20	00 10	0		
Design	200	100	100	50 13	30 6	5		
Plant	200	100	300	150 10	50 8	0		
Reissue	300	150	500	250 66	00 30	0		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)							mall Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)					_	50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims				D-1-1 (A)		360	180	
Total Claims	Extra Claim		Fee	Paid (\$)		uitipie Depe ee (\$)	endent Claims Fee Paid (\$)	
	or HP = or of total claims paid for	, if greater than 20.				<u>00 (Φ)</u>	·	
Indep. Claims	Extra Claim	<u>s Fee (\$)</u>	Fee	Paid (\$)	-			
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3 APPLICATION	SIZE FEE							
If the specification	on and drawings ex	xceed 100 sheets	of par	per (excluding electron	onically file	ed sequenc	e or computer	
				e due is \$250 (\$125) and 37 CFR 1.16(s).	tor small er	ility) for ea	ich additional 50	
Total Sheets	Extra Sheet	ts Number	of eac	<u>h additional 50 or frac</u>	tion thereof	Fee (\$	Fee Pald (\$)	
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
~	e filing surcharge)	•	•	,				
SUBMITTED BY	\mathcal{K}			Registration No. (Attorney/Agent) 38,710		Telephone	858-724-0375	
Signature	N) JO	<u> </u>		(Attorney/Agent) 38,710)	-	4	
Name (Print/Type) Da	vid R Preston					Date //	~ 5,2005	

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David R. Preston & Assoc. APC 12625 High Bluff Dr. #205 San Diego, CA 92130

Please acknowledge receipt of the following by affixing hereon the Patent and Trademark Office date stamp and returning this card to our office.

Applicant: Viney
Serial No.: 10/009,062
Filed: June 9, 2000

State of State of

Title: "GENE EXPRESSION MODULATED IN

GASTROINTESTINAL INFLAMMATION"

POWER OF ATTORNEY

Docket No.: NEU-00120.P.1	
] Transmittal (in duplicate);	
] Fee transmittal (in duplicate);	
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] Copy of cover page of Court Order;	
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